



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOSTAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION	2, 3, 0, 1, 5, 3, 7, 3
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	HIT/SKIP
<input type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department	1-SOLVED
			0, 0, 9, 0, 1	2-UNSOLVED
				NUMBER OF UNITS
				0, 2
				UNIT IN ERROR
				0, 1
				98-ANIMAL
				99-UNKNOWN

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
09	1	City of Fairfield	02272023 1836	3

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
S R	4		Roesch	B V	39.327248
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
					-84.512047

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1- INTERSECTION	1-NORTH	IR- INTERSTATE ROUTE(TP)	AL- ALLEY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
2- MILE POST	2-SOUTH	US- FEDERAL US ROUTE	AV- AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
3- HOUSE #	3-EAST	SR- STATE ROUTE	BL- BOULEVARD	NUMBER OF APPROACHES
	4-WEST	CR- NUMBERED COUNTY ROUTE	CR- CIRCLE	03
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR- NUMBERED TOWNSHIP ROUTE	MP- MILEPOST	
	1- MILES		OV- OVAL	
	2- FEET		PK- PARKWAY	
	3- YARDS		TE- TERRACE	
			TL- TRAIL	
			WA- WAY	
			HE- HEIGHTS	
			PL- PLACE	

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
01	6	1-NORTH	1-DIVIDED FLUSH MEDIAN (<4 FEET)
		2-SOUTH	2-DIVIDED FLUSH MEDIAN (≥4 FEET)
		3-EAST	3-DIVIDED, DEPRESSED MEDIAN
		4-WEST	4-DIVIDED, RAISED MEDIAN (ANY TYPE)
			9-OTHER/UNKNOWN

<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1-LANE CLOSURE	1-BEFORE THE 1ST WORK ZONE WARNING SIGN	1	1-DRY	1-CONCRETE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2-LANE SHIFT/CROSSOVER	2-ADVANCE WARNING AREA		2-WET	2-BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3-WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA		3-SNOW	3-BRICK/BLOCK
	4-INTERMITTENT OR MOVING WORK	4-ACTIVITY AREA		4-ICE	4-SLAG, GRAVEL, STONE
	5-OTHER	5-TERMINATION AREA		5-SAND, MUD, DIRT, OIL, GRAVEL	5-DIRT
				6-WATER (STANDING, MOVING)	9-OTHER/UNKNOWN
				7-SLUSH	
				9-OTHER/UNKNOWN	

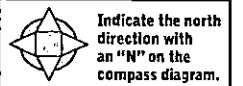
LIGHT CONDITION	WEATHER
3	01

NARRATIVE

On 2/27/2023 at about 6:36 p.m. Unit 1 was traveling northwest on S.R. 4 and when at Roesch Bv. attempted to turn left onto Roesch Bv. and in so doing collided with Unit 2 which was traveling southeast on S.R. 4.

The driver of Unit 2 was cited with NO OL FCO 335.072a.

SEE OH-2



CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
02272023 1836	02272023 1840	02272023 1852	02272023 1928	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
052	030	078	D. Gooch	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO RPPS)
			OFFICER'S BADGE NUMBER*	
			160	
			CHECKED BY OFFICER'S NAME*	
			<i>[Signature]</i>	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			141	

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
Nai, Malyna

OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # HIS2934 VEHICLE IDENTIFICATION # 4T1L1B111H1K17JU51618610 VEHICLE YEAR 2018 VEHICLE MAKE Toyota

INSURANCE VERIFIED INSURANCE COMPANY State Farm INSURANCE POLICY # 2858571-SFP-35 COLOR Black VEHICLE MODEL Camry

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.

HAZARDOUS MATERIAL: MATERIAL CLASS # _____ PLACARD ID # _____

UNIT TYPE 01

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION, 1 - DRIVER ASSISTANCE, 2 - PARTIAL AUTOMATION, 3 - CONDITIONAL AUTOMATION, 4 - HIGH AUTOMATION, 5 - FULL AUTOMATION, 9 - UNKNOWN

SPECIAL FUNCTION 01

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
2 - BUS 4 - LOGGING 6 - CARGO VAN ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
11 - DUMP

VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LAKE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 04

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE OR LEAVING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING OR CROSSING SPECIFIED LOCATION 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 06 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 02

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD
6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 1 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 1 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
4 1 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER
5 1 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT
6 1 6 - IMPROPER TURN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - PARKED MOTOR VEHICLE

COLLISION WITH FIXED OBJECT STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN
49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

3

DAMAGED AREA(S) INDICATE ALL THAT APPLY

- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

03

TRAFFIC

TRAFFICWAY FLOW: 1 - ONE-WAY, 2 - TWO-WAY 2

TRAFFIC CONTROL: 1 - ROUNDABOUT, 4 - STOP SIGN, 2 - SIGNAL, 5 - YIELD SIGN, 3 - FLASHER, 6 - NO CONTROL 6

OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING: 1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING 1

UNIT / NON-MOTORIST DIRECTION: FROM 7 TO 8

1 - NORTH, 5 - NORTHEAST, 2 - SOUTH, 6 - NORTHWEST, 3 - EAST, 7 - SOUTHEAST, 4 - WEST, 8 - SOUTHWEST, 9 - OTHER / UNKNOWN

UNIT SPEED 015

POSTED SPEED 50

DETECTED SPEED: 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED 1

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Wellinghoff, Denise OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER) _____

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER) _____

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____

DAMAGE

DAMAGE SCALE

4 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

VEHICLE

LP STATE OH LICENSE PLATE # JNX7104 VEHICLE IDENTIFICATION # 3N1BCL1C1P5A1362606 VEHICLE YEAR 2010 VEHICLE MAKE Nissan

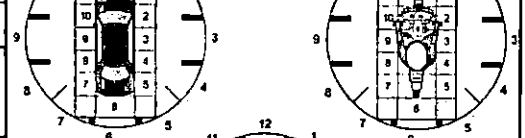
INSURANCE VERIFIED INSURANCE COMPANY Safe Auto INSURANCE POLICY # OH01784571A-00 COLOR Blue VEHICLE MODEL Versa

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

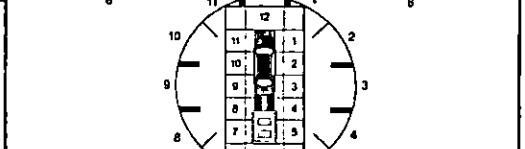
US DOT # _____ TOWED BY: COMPANY NAME Fox

HAZARDOUS MATERIAL: MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____



UNIT TYPE 01 # OF TRAILING UNITS 00

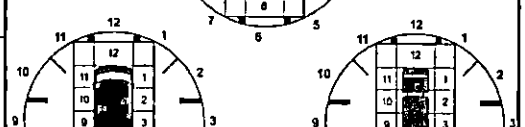
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4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
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6 - VAN (9-15 SEATS) 17 - MOTORHOME



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN



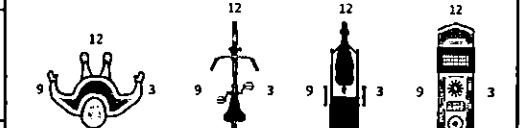
SPECIAL FUNCTION 01

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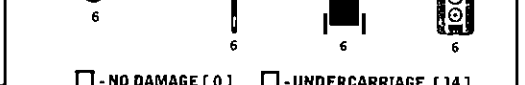
CARGO BODY TYPE 01

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2 - BUS 4 - LOGGING 6 - CARGOVAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN



VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
3 - TAIL LAMPS 6 - TIRE BLOWOUT



- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
12 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

ACTION 03

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
6 - MAKING LEFT TURN 12 - DRIVERLESS 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN

TRAFFIC

TRAFFICWAY FLOW: 1 - ONE-WAY 2 2 - TWO-WAY

TRAFFIC CONTROL: 1 - ROUNDABOUT 4 - STOP SIGN 1 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD: 4

RAIL GRADE CROSSING: 1 - NOT INVOLVED 1 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

CONTRIBUTING CIRCUMSTANCES 01

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - ENTERING OR CROSSING SPECIFIED LOCATION 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
6 - IMPROPER TURN 12 - IMPROPER BACKING

UNIT / NON-MOTORIST DIRECTION

FROM 6 TO 7

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

SEQUENCE OF EVENTS

1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

UNIT SPEED: 050

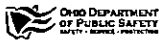
POSTED SPEED: 50

DETECTED SPEED: 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
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29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN
49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 3 0 1 5 3 7 3

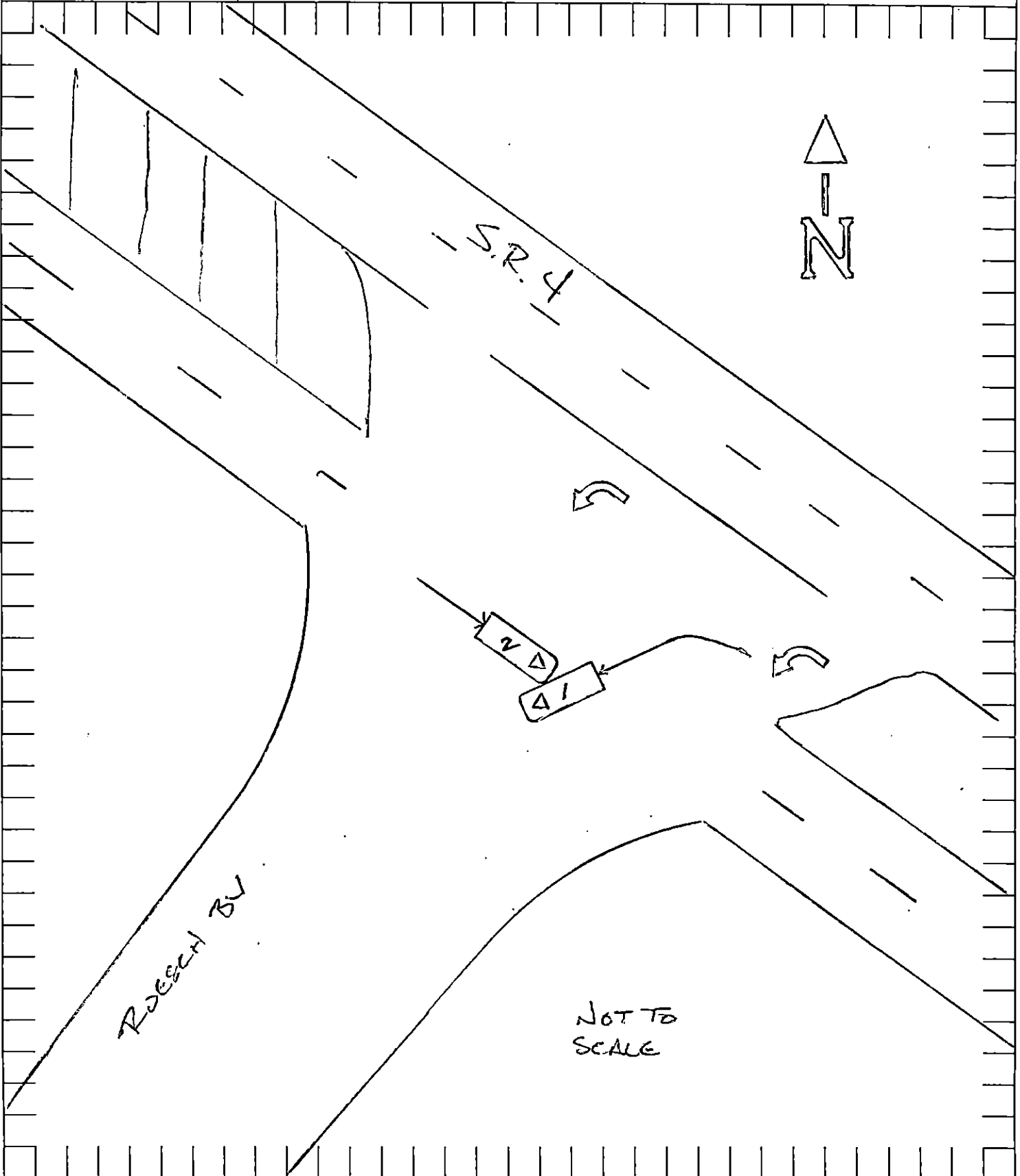
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Nai, Malyna	DATE OF BIRTH 0 3 2 3 1 9 9 1	AGE 3 1	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 871 Walter Ave., Fairfield, OH, 45014		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) Fairfield EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED ROW Turning Left	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION 331.17a
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
ALCOHOL TEST		DRUG TEST(S)		
STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Garrod, Allen, Floyd	DATE OF BIRTH 0 8 0 5 1 9 5 7	AGE 6 5	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 1594 Gelhot Dr. Apt. 76, Fairfield, OH, 45014		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME) Fairfield EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
OL CLASS .6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
ALCOHOL TEST		DRUG TEST(S)		
STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
ALCOHOL TEST		DRUG TEST(S)		
STATUS	TYPE	VALUE	STATUS	TYPE

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1-FATAL	1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN
2-SUSPECTED SERIOUS INJURY	2-FRONT-MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED
3-SUSPECTED MINOR INJURY	3-FRONT-RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TALKING ON HANDS-FREE COMMUNICATION DEVICE	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4-POSSIBLE INJURY	4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TALKING ON HAND-HELD COMMUNICATION DEVICE	4-TEST GIVEN, RESULTS KNOWN
5-NO APPARENT INJURY	5-SECOND-MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS & CLASS B BUS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6-SECOND-RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-PASSENGER	ALCOHOL TEST TYPE
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7-EXCEPT TRACTOR-TRAILER	7-OTHER DISTRACTION INSIDE THE VEHICLE	1-NONE
2-EMS	8-THIRD-MIDDLE	1-NOT EJECTED	H-HAZMAT	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	2-BLOOD
3-POLICE	9-THIRD-RIGHT SIDE	2-PARTIALLY EJECTED	M-MOTORCYCLE	9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER / UNKNOWN	3-URINE
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	3-TOTALLY EJECTED	P-PASSENGER	10-LIMITED TO DAYLIGHT ONLY	CONDITION	4-BREATH
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4-NOT APPLICABLE	N-TANKER	11-LIMITED-OTHER	1-APPARENTLY NORMAL	5-OTHER
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q-MOTOR SCOOTER	12-LIMITED-OTHER	2-PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	1-NOT TRAPPED	R-THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1-NONE
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2-EXTRICATED BY MECHANICAL MEANS	S-SCHOOL BUS	14-MILITARY VEHICLES ONLY	4-ILLNESS	2-BLOOD
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	3-FREED BY NON-MECHANICAL MEANS	T-DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	3-URINE
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	GENDER	X-TANKER / HAZMAT	16-OUTSIDE MIRROR	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4-OTHER
6-CHILD RESTRAINT SYSTEM - REAR FACING		F-FEMALE		17-PROSTHETIC AID	9-OTHER / UNKNOWN	DRUG TEST RESULT(S)
7-BOOSTER SEAT		M-MALE		18-OTHER		1-AMPHETAMINES
8-HELMET USED		U-OTHER / UNKNOWN				2-BARBITURATES
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3-BENZODIAZEPINES
10-REFLECTIVE CLOTHING						4-CANNABINOIDS
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						5-COCAINE
99-OTHER / UNKNOWN						6-OPiates / OPIOIDS
						7-OTHER
						8-NEGATIVE RESULTS

LOCAL REPORT NUMBER 23015373	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 2/28/23
IN COUNTY OF Butler	ACCIDENT LOCATION S.R. 4 and Roesch Bv.	



OFFICER'S SIGNATURE D. Gooch	BADGE NO. 160
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